

STANDARD CERTIFICATE OF DEATH

10283  
State File No.

FILED APR 15 1953 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1168

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495	
c. LENGTH OF STAY (In this place) YEARS		d. STREET ADDRESS (If rural, give location) 2217 ADELE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2217 ADELE			

3. NAME OF DECEASED (Type or Print) a. (First) AMANDA b. (Middle) HOOKER c. (Last) THOMAS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 2, 1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	
8. DATE OF BIRTH DEC. 10, 1874		9. AGE (In years last birthday) 78 1		IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) BEDFORD COUNTY, TENN.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS VELA V. NASH, 2217 ADELE, JOPLIN	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension +</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>  <u>? 2 years</u>  <u>? 3 years</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Apr 2, 1953, that I last saw the deceased alive on Apr 2, 1953, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Kodeler M.D.</u>		23b. ADDRESS <u>205 Finance Bldg Joplin Mo.</u>		23c. DATE SIGNED <u>4/3/53</u>	
24a. BURIAL, CREMATION/REMOVAL (Specify) REMOVAL		24b. DATE <u>4-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY HILLCREST	
24d. LOCATION (City, town, or county) (State) GALENA, KANSAS					

DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Ed J. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-13-53  
Jasper County Health Office

County File Number 53/4/322  
Date Filed 4-14-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.